



Permission To Enter Suite Authorization

Building: _____ Suite No.: _____ Strata Lot: _____

Key Pick Up Date: _____

Formal Move in Date: _____

As the owner / agent of the above listed Suite, I give permission for the Construction Deficiency Superintendent to access this suite to carry out deficiency repairs until the following date: _____.

Name (Please Print)

Signature

Home or Cell Phone Number

Business Phone Number

Email Address

Fax Number

Please tick (✓) where applicable:

Suite is: Owner Occupied Tenant Occupied Not Occupied

If no one is at home when work is to be done, please check one below:

Please call before entering suite* Please proceed with repairs

*Name and Phone Number (other than above contact) if call:

CUSTOMER CARE CENTRE

To process, please email:

(Building C) customer-care.bhe.c@concordpacific.com

(Building D) customer-care.bhe.d@concordpacific.com